



# Information Bulletin for Primary Care Network Providers



July 2003

## TABLE OF CONTENTS

03 - 65	Physician Services: CPT Codes; Limitations for Physician Services . . . . .	1
03 - 66	Laboratory: Limitations for Physician Services . . . . .	1
03 - 67	Audiology Services, Chapter 2 - 14, Added	
03 - 68	Vaccination Issues in Adults . . . . .	2
03 - 69	CPT List of Services Covered for PCN . . . . .	2
03 - 70	Primary Care Network, Specialty and Inpatient Care . . . . .	2

## PCN BULLETINS BY TYPE OF SERVICE

Audiology . . . . .	03-67
Hospital . . . . .	03-70
Physician Services . . . . .	03-65, 66, 68, 69

### Notice: Current PCN Manual On-Line

The current Utah Primary Care Network Provider Manual is on-line at <http://health.utah.gov/medicaid/pcn.pdf>. Providers can obtain a copy of an updated page, or the entire PCN Manual, on the web site or by contacting Medicaid Information. The revision date of each page is at the top of the page. A change is typically marked in the left margin of the page with a vertical line. There is a link to the PCN Manual on the Medicaid Provider's web site: <http://health.utah.gov/medicaid/html/provider.html>. The link is at the bottom of the Provider's web page. For more information on manual updates, refer to Bulletin 03 - 126, Updating the Utah Primary Care Network Provider Manual, published October 2002 [www.health.state.ut.us/medicaid/pcnoctober2002.pdf](http://www.health.state.ut.us/medicaid/pcnoctober2002.pdf).

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## 03 - 65 Physician Services: Chapter 2 - 1: CPT Codes Covered, Not Covered, or with Limits, and Chapter 2 - 2, Limitations for Physician Services

### CPT Codes With Other Criteria

Two other groups of CPT codes do not require prior authorization, but are subject to new Medicaid criteria. Benign Lesions: The code 11200–Skin Tag removal was added to the Benign lesion criteria #34. Documentation will be required for review supporting medical necessity and that the purpose of the procedure was not cosmetic. Code 11201 is no longer a benefit.

### Chapter 2 - 2, Limitations for Physician Services

Under limitations 11. Specimen collection. When the codes 82948, 85013, 85014, 85610, 83036 and 86318 are submitted with modifier QW, the code G0001–venipuncture is mutually exclusive or not covered for blood tests obtained by fingerstick ■

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## 03 - 66 Laboratory: Chapter 2 - 2, Limitations for Physician Services

Code G0001–venipuncture is not a covered service when billed with 82948 or 85013. Any blood test obtained by heel or finger stick will post a mutually exclusive edit with G0001. The following codes have been added as mutually exclusive to G0001: 85014–hematocrit, 85610–Prothrombin time, 83036–glycated hemoglobin, and 86318–immunoassay for infectious agent by reagent strip when submitted with the modifier QW. ■

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## 03 - 67 Audiology Services, Chapter 2 - 14, Added

Beginning July 1, 2003, audiology evaluations for hearing losses are covered one per calendar year. Code V5010, Assessment for hearing aid. ■

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**03 - 68 Vaccination Issues in Adults: Chapter 2 - 2, Limitations for Physician Services, item 14**

There is concern related to the frequency and conditions of use of some vaccines in adults. This information is provided to update providers on adult immunization based on CDC guidelines.

Hepatitis: Hepatitis A vaccine is typically provided initially and then the second dose six months later. Hepatitis B has a three dose requirement so that after the initial dose, one is given one to two months later, and the third is given at least six months but never more than twelve months from the first vaccine. Data warehouse review of vaccine administration over the last two years indicated that pediatric/adolescent hepatitis A and hepatitis B vaccines have been provided to patients more than 19 years of age. In some cases an adult dose was provided one month to two months later. Documentation may be required to explain why a pediatric vaccine is administered to an adult.

There is a new vaccine "Twinex" which includes an adult formula of hepatitis A and Hepatitis B. After the initial vaccine, one is given at one to two months later and the third vaccination is given six months from the first. The efficacy of these vaccines when mixed between the combination and the single versions have just been reviewed by the Division of Viral Hepatitis at CDC. Dr. William Atkinson, CDC, provides the following information, "If the first immunization is the "Twinrix," the hepatitis B portion counts, but the hepatitis A portion does not count. Followup with two hepatitis B vaccinations separated by at least two months and two doses of hepatitis A vaccine separated by at least six months. If two doses of "Twinrix" are given, the schedule may be completed with one dose of "Twinrix," or one dose of adult hepatitis A vaccine and one dose of adult hepatitis B vaccine on the appropriate schedule. If one dose of adult hepatitis A and hepatitis B, the vaccination may be completed with two doses of "Twinrix," or one dose of hepatitis A vaccine and two doses of hepatitis B vaccine on the appropriate schedule."

Influenza: A second Influenza vaccination has been provided one week to two months from the first vaccination. Adults should receive only one influenza vaccine per influenza season. Should conditions occur where the patient receives one influenza vaccination in September requires a second vaccination, documentation for medical necessity may be required. Payment for additional doses given closer than four months apart will be denied in the future.

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Pneumovax: A second pneumovax vaccination has been given two weeks to two months from the first. The Centers for Disease Control and Prevention states that in most cases one dose of pneumovax is sufficient. If the first dose was provided prior to age 65, a second dose may be indicated. The pneumovax vaccine **must be separated by more than five years.** When given sooner than five years, there are adverse reactions which may occur from this vaccine.

Tetanus/Diphtheria: A Tetanus Diphtheria (Td) booster should be given every ten years. Since diphtheria has resurfaced in Europe, the combination vaccine should be provided. In the event of a deep dirty wound the tetanus toxoid should be repeated if the booster was more than five years ago. For updates on adult vaccination visit the Centers for Disease Control and Prevention web site at <http://www.cdc.gov/nip/recs/adult-schedule.pdf>

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**03 - 69 CPT List of Services Covered for PCN**

The PCN-CPT code List replaces the former Medical Surgical CPT list and Medical-Surgical Criteria. This list was developed to prevent confusion and clarify coverage. Only services approved and covered in the PCN program are on this list which is accompanied by pertinent criteria. ■

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**03 - 70 Primary Care Network, Specialty and Inpatient Care**

Specialty physician care and inpatient hospital care are not covered benefits under the Primary Care Network (PCN). However, PCN has case managers who work to connect clients with needed services. For example, a PCN Case Manager could help if a client needed surgery, to stay in the hospital for more than 24 hours, mental health care, or other services not covered by PCN. Enrollment in PCN is required to use these services. When a client has been approved for inpatient care, associated specialty physician services may be covered by PCN. For clients who need inpatient hospital care, call Cecelia, PCN's Inpatient Case Manager to see if they qualify for these services. PCN's Inpatient Case Manager can be reached at (801) 538-6567.

For clients who need to see a specialty care provider, send a fax to Kimberly, PCN's Specialty Care Case Manager. The fax should include the diagnosis, the specialty care being requested, and a referral if an outpatient procedure is needed. PCN's Specialty Care Case Manager can be reached by fax at (801) 468-0353. Kimberly can be reached by phone at (801) 468-0354 ext. 217. ■